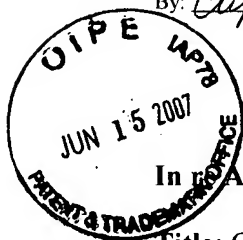


I hereby certify that this correspondence is being deposited with the
United States Postal Service as First Class Mail in and envelope
addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

On: 06/12/2007

By: Crystal Susa Printed: Crystal Susa



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Yum, et al.

Title: ORAL DRUG DELIVERY SYSTEM

Serial No.: 10/737,144

Filing date: 12/15/2003

Examiner: FUBARA, Blessing M. Group Art Unit: 1618

MS Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Transmittal Fee Sheet (2pp., in duplicate);
3. Petition for Extension of time (1pg., in duplicate);
4. Response to Restriction Requirement (14pp., in duplicate);
5. Power of Attorney and Correspondence Address Indication Form (1pg.);
6. Statement under 37 C.F.R. 3.73(b) (1pg.).

Fee Calculation – The fee has been calculated as follows:

CLAIMS AS FILED (Fees computed under §1.16)

Claims	Number Filed	Minus Claims previously paid for	Number Extra	Large Entity Rate	TOTAL
Dependent Claims	79	-79	0	X \$ 50	\$ 0
Independent Claims	6	-6	0	X \$ 200	\$ 0
Multiple Dependent Claim(s)			0	X \$ 360	\$ 0

Petition for 3 month Extension of Time

\$1020.00

TOTAL FILING FEE \$1020.00

Please charge Deposit Account No. **50-1953** in the amount of \$ 1020.00 as set forth in the enclosed transmittal letter. The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No. **50-1953**. **This form is enclosed in duplicate.**

If there are any questions regarding the above, the Examiner is invited to call the undersigned at 408-777-4915.

Date: 12 JUNE 2007

2 Results Way
Cupertino, CA 95014
Fax: 408-777-3577

Respectfully submitted,
DURECT CORPORATION



Thomas P. McCracken
Reg. No. 38,548